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**THE 1<sup>ST</sup> INTERNATIONAL CONFERENCE IKATAN PERAWAT  
MATERNITAS EAST JAVA 2017 (ICH\_IPEMI)**

**“INTERDISCIPLINARY INNOVATION AND INTERVENTION  
IN HEALTH TO ACHIEVE THE SUSTAINABLE  
DEVELOPMENT GOAL (SDG)”**



**26-27 AGUSTUS 2017**

The ICH\_IPEMI Committee 2017

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## COMMITTEE'S WELCOME

Greetings for all conference attendees and welcome to the 1<sup>st</sup> International Conference of Health\_ *IkatanPerawatMaternitas Indonesia JawaTimur*(ICH\_IPEMI -East Java) 2017. We hope you all have a wonderful, inspiring conference and are able to take great ideas back to your individual programs.

At the end of the era of rolling era MDGs and Sustainable Development Goals (SDGs) since early 2015, still leaving overall homework has not achieved the MDG targets, so it needs a tougher effort in this SDGs era. SDGs universally applicable, not only for developed countries and developing countries but also the low-income countries. To ensure the goals that have been set can be achieved in 2030, required the commitment and hard work of all parties, including the government, parliament, civil society, private sector, and academia. Academia sector involvement is also very important to succeed in achieving the SDGs. Universities and research institutions needed contribution to research and develop monitoring tools, especially in sectors that are lagging behind and has not been achieved such as gender equality, food, water resources, sanitation, health, maternal mortality, poverty, and education.

Therefore by gathering and interesting each of attendees here can tighten our bond as academia, researcher and professional in order to increase the spirit of research and study.

Finally, we would ask you all to become more involved in this conference. Your unique talents, expertise and ideas are welcomed and appreciated. Please enjoy the conference and hopefully we can get a new knowledge and friend through this outstanding conference.

Thank you,

ICH\_IPEMI 2017 Committee

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**DISCUSSION**

**CONCLUSIONS AND SUGGESTIONS**

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# SOCIAL SUPPORT AND EXCLUSIVE BREASTFEEDING IN WORK AREA OF HEALTH CENTER OF SRESEH SAMPANG MADURA

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**Abstract:** This research aims to analyze the correlation of social support and exclusive breastfeeding in the work area of health center of Sreseh Sampang Madura. This research uses cross sectional. The population of this research is mother with infant of 6-12 months. The 90 respondents is chosen by purposive sampling technique. Data are collected by using social provision scale questionnaire and exclusive breastfeeding questionnaire. Then it is analyzed by using spearman rank correlation with level of significant  $\alpha < 0,05$ . Respondens have high social support from its public figure because of its belief. Thus, support from husband is low because the husband is a worker and he does not care too much. But husband has high emotional support for breastfeeding mother such as giving attention, empathy, and attachment, mothers have enough support about exclusive breastfeeding, and enough support about not exclusive breastfeeding. A sufficient information and conselling for public figure and family members can improve adherence to exclusive breastfeeding, so that public health or nurse can train and provide counseling relatives leaders about exclusive breastfeeding.

Keywords: social support, exclusive breastfeeding, Maduresse

## INTRODUCTION

Exclusive breastfeeding is the provision of breast milk alone without additional food and other beverages to infants, from birth to 6 months (Ministry Of Health, 2006). Breast milk contains colostrum which is rich in antibody because it contains high protein to maintain immune and germ killers. Breastfeeding ensures good nutritional status, an exclusively breastfed baby can be protected from isps, diarrhea, asthma and allergies moreover morbidity and mortality ( Wijayanti & Indrayana nd, 2015.). Based on the result of interviews with X (ten) mothers who have baby aged 6-12 months in Sreseh Sampang Madura Village, it was obtained the results that 7 out of 10 mothers did not give exclusive breastfeeding and 3 of them have given exclusive breastfeeding, because there is belief that the baby's nutrition is not enough if it is only given breast milk. There is a factor why mothers do not exclusively breastfeed to the baby, which is: lack of social support. Social support is an important element in one's life because social support is a system which relates and depends on providing support, affection, security and attention that carry out their respective roles to achieve common goals (Friedman, Bowden & Jones, 2003 ). Therefore, social support is needed for breastfeeding mothers as a *support system* or major support system so that it can develop an effective response to adapt well in solving psychological and social problems (Lasserman & Perkins, 2001).

## METHOD

### Research Design

This research type is Quantitative. The research design is *cross sectional* that emphasizes the time of measurement or observation of the independent and dependent variable data which is done only once at a time. The prevalence or effect of a phenomenon (independent variables) is connected to the cause (dependent variable) (Nursalam, 2013).

### Population

In this study the population is a mother who has children aged 6-12 months in the Health Centre of Sreseh Sampang area. The working area 12 villages. While the affordable population is a mother who has children aged 6-12 months from 2 villages in the working area of health center, at 184 mothers.

### Sample

Samples are part of an affordable population that can be used as research subjects through sampling (Nursalam, 2013).

The samples in this study are breastfeeding mothers having children aged 6-12 months in the Health Center of Sreseh Sampang area. Sampling must meet inclusion criteria and inclusion material. The inclusion and exclusion criteria are as follows:

#### 1. Inclusion Criteria

There is general characteristics of the subject which is affordable target population and investigated (Nursalam, 2013). The inclusion criteria of this study is:

1. Mother has the ability to read and write.

#### 2. Exclusion Criteria

It means that the subject can not represent the sample because it is not qualified as a sample of research (Hidayat, 2007). Exclusion criteria in this research are:

1. Mothers who have children aged 6-12 months who are sick.
2. Children aged 6-12 months coming to posyandu but they are not with their biological mother.
3. The frequency distribution sources of social support to respondents in Health Center of Sreseh Sampang Madura, in July 2017.

## RESULT

Sources of social support

Table 1 The Frequency Distribution Sources of social support to respondents in Health Center of Sreseh Sampang Madura, in July 2017.

Support sources	Percentage %
Husband	12.7
Family	23.4
Health worker	19.2
Friend / neighbor	17.9
Religious public figure community	26.8
Total	100%



The table shows that respondents got social support sources from religious public figure/community leader at 26.8%. In Madurese culture, religious public figure is a role model for the community. Husband and family are a supporting factor. Eventhough husband and family are the closest people in providing support, husband support is only at 12.7%. It is caused by less information and understanding in providing support moreover husband as a worker. However, husband is superior in providing emotional support, which are empathy, attention, love, care and concern. Family support, such as their mother-in-law support, is at 23.4%.

Table 2 The Frequency Distribution of exclusively breastfeeding level in Health Center of Sreseh Sampang Madura, in July 2017.

Social support	Frequency	Percentage %
Good	5	5.6
Enough	84	93.3
Less	1	1.1
Total	90	100%

Table 2 shows that respondents got enough social support for 84 people (93.3%). The less of social support is 1 (1.1%), it shows that there is lack of trust among them. The highest domain is the domain of reliable relationships and guidance. Respondents got social support can be seen from how religious public figure can be relied on when they need help and can provide opportunities or responsibilities in exclusively breastfeeding for up to 6 months.

Table 3 Frequency Distribution of exclusive breastfeeding in Health Center of Sreseh Sampang Madura Community, in July 2017.

Exclusive breastfeeding	Frequency	Percentage %
exclusive breastfeeding	16	18
Not exclusive	74	82
Total	90	100%

Table 3 shows that respondents who gave exclusive breastfeeding are 16 people (18%) and they who did not exclusive breastfeeding are 74 people (82%), Madurese community in giving ASI is based on socio-culture as well as confidence in giving exclusive breastfeeding.

Table 4 Cross-tabulation of social support and exclusive breastfeeding in the Health Center of Sampang Madura Community, July 2017.

Social Support	Exclusive breastfeeding		Frequency	%
	Not providing exsclusive breastfeeding	exclusive breastfeeding		
Less	F 1 % 1,1	F 0 % 0	1	1,1%
Enough	F 73 % 81,1	F 11 % 13,1	84	93,3%
Good	F 0 % 0	F 5 % 5,6	5	5,6%
Total	74 82,2%	16 18,7%	90	100%
Spearman Rho $r = 0,493$ $p = 0,00$				

Table 4 shows that 73 out of 90 respondents (81.1%) had sufficient level of social support but they did not exclusively breastfeed for 6 months, it is caused by the lack of experience. The primiparous mother had low education so providing breastfeeding is ineffectiveness. Mostly, they only graduated from elementary school.

There are of 11 respondents (13.1%) who give exclusive breastfeeding with enough support. Eventhough they got an average support, they had higher education and productive maternal age range, 20-35 years. This condition could be the factor causing success in giving exclusive breastfeeding. 5 Respondents (5.6%) provided exclusive breastfeeding with good support. Respondents got good support from religious and family leaders, religious public figure plays an important role as role model who are respected by the Madurese community. As a role model, religious public figure participates in activities organized by Puskesmas so it influences respondents to give exclusive breastfeeding. Furthermore, people who are at 20-35 years are the factor making success in giving exclusive breastfeeding. No exclusive breastfeeding and social support is less than 1 (1.1%), it shows that there are untrustness with others, not participating in activities, and the reciting holy quran will affect the level of support.

Based on *Spearman Rank*  $p$  value = 0.000 with significance level  $\alpha$  (0.05),  $P < \alpha$ . So  $H_0$  is rejected and  $H_1$  is accepted. There is a relationship between social support and exclusive breastfeeding in the Health Centre of Sreseh Sampang Madura area. The correlation coefficient value is  $(r) = 0.493$ , it means a strong relationship level with a positive correlation direction between social support and exclusive breastfeeding. This shows that the better social support, the better exclusive breastfeeding.

## DICUSSION

Actually, the social support received by mothers in giving exclusive breastfeeding from husband is weak, at 12,7%. Nevertheless, husband support more affects on providing emotional such as giving attention, expression of empathy, compassion, and care. Husband can give more attention to nursing mothers, as well as the affection that husbands give to their wives and babies. The lack of husband support is caused by the less knowledge about exclusive breastfeeding, the husband should not have advised the mother to give food to infants at the age of 0-6 months.

According to Paramita (2007), the lack of husband support in the practice of breastfeeding due to cultural habit. One of them is the function and division of roles, where the father has to earn money to live while household are all taken care by the wife including breastfeeding. Research in Pakistan shows that a wife should ask permission to her husband and family if she wants to consult/visit a health centre. The success of a wife in giving exclusive breastfeeding depends on the husband. The lack of husband education will have an impact on the mother's success in exclusively breastfeeding. In village, media access is still very low. Religious public figures often provide wrong explanations about visiting health facilities so that people have a negative attitude with healthy behavior including the role of husband in improving the mother's ability to provide exclusive breastfeeding (Mahmood, 2010).

Akram & Abbas, (2014) states that the support from religious public figure will help mother to succeed breastfeeding, so that care and awareness of that figure are expected to be able to make breastfeeding activities as a movement or culture. By educating the importance of breastfeeding in their culture, it will enforce an effort to continue breastfeeding baby until 6 months.

AIMI, (2013) also describes about breastfeeding that it is considered important based on religious perspective, religious public figures/ustadz often meet the community and they are believed able to answer many questions including breastfeeding. In Indonesia, the conscious behavior of exclusive breastfeeding does not only depend on mothers, but also it depends on support from husbands, parents and the environment to create behavioral change. In addition, support from religious public figure who are close to the daily life of the community is also important.

The results shows that most respondents did not give exclusive breastfeeding at 82% and the remaining did exclusive breastfeeding at 18%. Most respondents who are productive age with a range of 20-35 years and housewives did not breastfeed exclusively because of lack of mother's knowledge about breastfeeding benefits and adequate level of social support. Maduranese did not provide exclusive breastfeeding until 6 months because they also give *pre lactal* food in infants aged 0-6 months. There are also belief that giving water, scraping banana and giving formula will make baby full, healthier, and not fussy.

Breastfeeding Support Group (KP-ASI) is already exist but this activity is still strange in Helth Centre of Sampang Madura area because mother visit KP-ASI once only the they were absent or did not participate breastfeeding group. So the KP-ASI does not affect because the difficulty to visit the breastfeeding support group. They states that they could not leave their house/visit the health facility on certain days, if the husband works and wife has to stay at home. Exclusive breastfeeding is giving breast milk alone without any other additional meals such as formula, water, honey or banana, porridge and rice (Roesli, 2000).

Breastfeeding has become a culture, but the practice of breastfeeding (breast milk) is still bad. As seen from the results of research, repondents who give exclusive breastfeeding were only 16 respondents (18%). The level of public awareness to provide breastfeeding (breast milk) is stil! very concerning, infants are still given formula, water, solid foods or mixed milk and formula (Malau, 2010).

Based on the last education, 22 respondents (24%) did not finish primary school and 32 respondents (36%) graduated from elementary. The low education of the respondents caused

the low level of knowledge of attitude. In contrast, a high level of education will make the attitude of the respondents very well. Low level of education causes the knowledge obtained is also less to form a negative attitude (Widyastuti, 2005)

According Notoatmodjo (2010), explains that knowledge is an important domain for the formation of attitudes. The good knowledge that respondents have has become the basis for determining attitudes, so that respondents with good knowledge tend to be nice to give exclusive breastfeeding.

In developing country, particularly in areas where the population is low-educated and low-level economic, maternal knowledge on infant care and feeding especially on the benefit of breast milk is lacking. Generally, knowledge about the care and feeding of baby is obtained from people around (Sibuea, 2003). But in this study both mothers who have low education and high education still did not give exclusive breastfeeding, Maduranese in breastfeeding infants depend on culture that provides pre lactal food in infants aged 0-6 months so that Maduranese are difficult to breastfeed exclusively.

Ida (2012) states that mothers with multiparity status have a chance 3 times greater in exclusive breastfeeding compared with primiparous mother. According to research Hajijah (2012) states that there is no significant relationship between the number of parity of mothers and exclusive breastfeeding practices. This is assumed that mothers who have children <3 in will have more free time to come to the health care facility because they have the opportunity to obtain information related to exclusive breastfeeding practices. In this study the number of children does not affect the level of exclusive breastfeeding, Maduranese, in breastfeeding, depends on the culture and tradition.

The results shows, there were 73 people received sufficient social support and did not give exclusive breastfeeding, while 11 people received enough social support and exclusive breastfeeding, and 1 person gained less social support and did not give exclusive breastfeeding. This shows that good social support will increase the mother's exclusive breastfeeding.

There is a relationship between social support and exclusive breastfeeding, which is shown by statistical analysis test with  $r = 0.493$ , it indicates that the relationship is significant. The level of relationship is strong enough with the direction of positive correlation between social support and exclusive breastfeeding. Thus, the better the support given, the higher the level of exclusive breastfeeding. This is in line with the theory of Green (1980) which states that social support is one of supporting factors or *reinforcing factors*. It has a relationship with a person's behavior, which is exclusive breastfeeding. The exclusive breastfeeding strategy requires support or cooperation between mother, husband, family, health care workers, and religious public figure. Religious public figure is one of social support in society, in this case support for exclusive breastfeeding. According to Johnson and Jhonson (1991) in Safitri (2011), social support is the existence of other who can be relied upon to provide assistance, spirit, acceptance and attention, so it is to improve the welfare of life for the individual concerned.

Social support according to Russell and Cutrona (1987) are concern (*attachment*), social relationship (*social integration*), awards (*reassurance of worth*), the reliable relationship (*reliable alliance*), guidance (*guidance*), the opportunity to maintenance (*opportunity for nurturance*). The most influencing social support is a reliable relationship

domain (*reliable alliance*) and *guidance*. According to Brunson, J (2010), mother getting social support can be seen from how religious public figure can be relied upon when they are needed to help as well as how they provide opportunities for mothers to be responsible in giving exclusive breastfeeding to baby up to 6 months so that mother gets the idea that Success in exclusive breastfeeding depends on each respondent.

Further study by Sarason (1994) in Maharani (2012), that social support is interaction result of situational contexts (the specific life impact), interpersonal context (how she sees herself and the existence of important people around her, and expectation in her relationship), and the interpersonal context (subject relationship with social support sources).

According to Mahmood, A (2010), the action and advice of community leader and religious public figure always have influence in society. Their role is so great in disseminating policies, science and norm education. They can persuade respondent to provide breastfeeding which is stated in holy qur'an. Their role can be a key to breastfeeding success as they can assure the good value of breastfeeding from the side of shariah. Most mothers prefer religious public figure or community leader who is respected in comparison to the health worker or lactation experts. Therefore, if information about breastfeeding is given by religious public figure, it will be more useful on the community / mother.

According Sarason (1994) in Maharani (2012), that social support is the result of one's interpersonal interaction, it is how he/she sees him/herself, the presence of important people around him/her, and also hope..

According to Faridvand, F & Malakout (2017), if there is a good relationship between respondent and religious public figure, the good cooperation in exclusive breastfeeding will be easily done. In contrast, there are many respondents who give water or breastfeeding mixed with formula instead give exclusive breastfeeding in infants. Respondents who receive sufficient social support but do not exclusively breastfeed are caused by their lack of knowledge of mothers and families about food and drink that should be given to infants aged 0-6 months. Social support from other people is very important to success exclusive breastfeeding. The greater the support gained to continue breastfeeding, the greater the ability to survive in breastfeeding (Proverawati, 2010).

## CONCLUSION AND SUGGESTION

Social support received by mothers is mostly enough category in Health center of Srseseh Sampang Madura and the largest source of social support received by mothers comes is from religious public figure or local community leader. It is assumed that the religious public figure or powerful community leader gives significant impact or change for the area he/she leads.





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